



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION

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HAZARDOUS MATERIALS BUSINESS PLAN

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* Complete and submit to the Hazardous Materials Division for all new Business Plans. For Business Plan updates, only submit revisions to the inventory, site map, or emergency contacts with the annual Review Certification. Maintain a complete and current Business Plan onsite for review.

HAZARDOUS MATERIALS BUSINESS PLAN

OVERVIEW

CHAPTER 6.95 HEALTH AND SAFETY CODE, DIVISION 20, (AB 2185 & AB 2189)

Chapter 6.95 of the Health and Safety Code establishes minimum statewide standards for Business Plans. Business Plans contain basic information on the location, type, quantity, and health risks of hazardous materials stored, used, or disposed of in the state.

Each business shall prepare a Business Plan if that business uses, handles, or stores a hazardous material or an extremely hazardous material in quantities greater than or equal to the following:

- 500 pounds of a solid substance.
- 55 gallons of a liquid.
- 200 cubic feet of compressed gas.
- A hazardous compressed gas in any amount.
- Hazardous waste in any quantity (to meet the requirements for emergency contingency plans).

The Hazardous Materials Division (HMD) of the Department of Environmental Health conducts routine inspections at businesses required to submit Business Plans. The purpose of these inspections is:

- To ensure compliance with existing laws and regulations concerning Business Plan requirements (Chapter 6.95).
- To identify existing safety hazards that could cause or contribute to an accidental spill or release.
- To suggest preventive measures designed to minimize the risk of a spill or release of hazardous materials.

A complete Business Plan must be submitted for all new businesses. After the initial submission, the business must review and recertify the Business Plan every year by submitting a Hazardous Materials Business Plan Certification Statement (DEH:HM-953). Only submit revisions to the inventory, site map, or emergency contacts with the annual Materials Business Plan Certification Statement. A current copy of the Business Plan must be maintained at the site where the hazardous materials are stored. If any section of the Business Plan is found to be deficient, an amended Plan must be completed within 30 days. The Business Plan must also be amended within 30 days for any of the following:

- A 100% or greater increase in quantity of a hazardous material provided on the inventory.
- Any handling of a discloseable quantity of a previously undisclosed hazardous material.
- Any change in the storage, location or use of hazardous materials, which could affect an emergency response.
- Any change in business name, ownership or address.

The Business Plan includes three sections:

- I. Inventory, Site Map and Owner/Operator Identification**
- II. Emergency Response Plan**
- III. Employee Training**

Overview (Continued)

The attached Business Plan format contains the necessary information for the creation of a useful Business Plan for your facility. When completed, your Business Plan will become a valuable tool, aiding you and your employees to manage emergencies at your facility. The Business Plan will also serve to better prepare emergency response personnel for handling a wide range of emergencies which could occur at your facility.

The pages you will need to complete and submit to this office are included as Section V. Instructions for completing the forms in Section V are detailed in Section I (Inventory), Section II (Emergency Response Plan), and Section III (Employee Training). If you need additional space you may include properly labeled attachments as necessary.

Keep a copy of the Business Plan for your records. Provide the original (Section V), to the County of San Diego Department of Environmental Health, Hazardous Materials Division, P. O. Box 129261, San Diego, CA 92112-9261. Should you require additional information, contact the Duty Specialist at **(619) 338-2231**.

EMERGENCY CONTINGENCY PLANS

If you generate hazardous wastes in any quantity in the State of California, you are required to prepare an emergency contingency plan. This business plan packet meets the requirements of an emergency contingency plan.

CALIFORNIA ACCIDENTAL RELEASE PREVENTION PROGRAM (CalARP)

On January 31, 1994 the U.S. EPA promulgated a final rule under provisions of the Clean Air Act (CAA) Amendments section 112(r) for the prevention of accidental releases of hazardous substances (i.e., regulated substances). The rule establishes a list of chemicals and threshold quantities that identify facilities subject to subsequent accidental prevention regulations. In October 1996 California passed Senate Bill 1889 (now known as Health & Safety Code, Sections 25531-25534.3). This bill merged in law the federal and state programs for the prevention of accidental releases of regulated toxic and flammable substances.

The incorporation of the federal and state requirements has been designated as the California Accidental Release Prevention Program (CalARP). An owner or operator of a stationary source (non-transportation) with more than a threshold quantity of a regulated substance in a process is required to prepare a risk management program and submit a risk management plan. Regulated substances are toxic chemicals (i.e., chlorine gas and ammonia) and flammable chemicals (i.e., methane and propane) found listed on tables in the regulations.

If you are subject to CalARP or need additional information contact the CalARP Specialist at (619) 338-2453.

CARCINOGEN AND REPRODUCTIVE TOXINS

In San Diego County, if you store carcinogens and reproductive toxins (in any quantity) that are listed on the Prop 65 List, you are required to submit a "list" of these chemicals to the HMD. This "list" will be maintained in your permanent file, but will not be part of your hazardous materials inventory unless you store these materials in State reporting quantities. For a copy of the forms and handouts pertaining to Carcinogens and Reproductive Toxins, please contact your area inspector, or contact the Hazardous Materials Duty Specialist at (619) 338-2231.

HAZARDOUS MATERIALS BUSINESS PLAN

I. INVENTORY

Introduction

DEFINITION: A hazardous material is any material that, because of its quantity, concentration, physical or chemical characteristics, poses a significant present or potential hazard to human health and safety or to the environment if released into the work place or the environment.

The following hazardous materials and extremely hazardous substances must be listed on the Inventory form:

1. Hazardous Substances or Compounds

Hazardous substances or compounds which are at your establishment at any time in the following quantities:

- a. 55 gallons of a liquid
- b. 500 pounds of a solid substance
- c. 200 cubic feet of compressed gas

Hazardous substances include hazardous materials and hazardous waste, including hazardous substances in underground storage tanks.

A hazardous substance is a chemical or product for which a manufacturer or producer is required by law to prepare a **Material Safety Data Sheet (MSDS)** for the substance or product. An MSDS is a document (usually 2 or 3 pages) which contains chemical composition information, fire and explosive data, health hazard data, reactivity data, spill or leak procedures, special protection information and special precaution information. A MSDS for a hazardous substance can be obtained from the supplier of that substance. A hazardous substance also includes materials requiring placard warnings during transportation. Additionally, a hazardous substance includes radioactive materials as referenced in the California Health and Safety Code, Division 20, Chapter 6.95.

2. Extremely Hazardous Substances

List extremely hazardous substances in quantities equal to or greater than the Threshold Planning Quantities, as established in the Federal Register, April 22, 1987 and as amended on February 25, 1988.

A list of Extremely Hazardous Materials is available upon request from this office or on the EPA website at <http://www.epa.gov/swercepp/ehs/ehsalpha.html>.

3. Hazardous Gases

List in any quantity all gases with Threshold Limit Values-Time Weighted Averages (TLV-TWA) or Threshold Limit Value-Short Term Exposure Limit (TLV-STEL) of 10 parts per million (ppm) or less. Review the Material Safety Data Sheet or contact the distributor of the gases to verify these values.

Do not include the following in your inventory:

Hazardous Materials contained solely in consumer products for direct distribution and use by the general public. These materials are packaged and available to the general public in a typical retail outlet (supermarket, nursery, hardware store).

Photocopy the Inventory Form if additional forms are needed.



SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
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1-800-253-9933

____/____/____
Date Submitted

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(One page per material per building or area)

<input checked="" type="checkbox"/> ADD										<input type="checkbox"/> DELETE										<input type="checkbox"/> REVISE										200										Page 1 of 1																																																	
I. FACILITY INFORMATION																																																																																									
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)																																								3																																																	
Joe's Automotive Repair																																																																																									
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Ethylene Glycol																																								If Subject to EPCRA, refer to instructions																																																	
COMMON NAME																				207										EHS*										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										208																																							
Antifreeze																																																																																									
CAS#																				209																																																																					
107-21-1																																																																																									
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NOT REQUIRED BY SAN DIEGO COUNTY																																																																																									
HAZARDOUS MATERIAL TYPE (Check one item only)										<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE										211										RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										212										CURIES										213																													
PHYSICAL STATE (Check one item only)										<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS										214										LARGEST CONTAINER										55										215																																							
FED HAZARD CATEGORIES (Check all that apply)										<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE										<input checked="" type="checkbox"/> d. ACUTE HEALTH										<input checked="" type="checkbox"/> e. CHRONIC HEALTH										216																																																	
AVERAGE DAILY AMOUNT										217										MAXIMUM DAILY AMOUNT										218										ANNUAL WASTE AMOUNT										219										STATE WASTE CODE										220																			
30																				55																																																																					
UNITS* (Check one item only) * If EHS, amount must be in pounds.										<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS										221										DAYS ON SITE:										222																																																	
STORAGE CONTAINER										<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BUILDING <input checked="" type="checkbox"/> d. STEEL DRUM										<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> f. CAN <input type="checkbox"/> g. CARBOY <input type="checkbox"/> h. SILO										<input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> j. BAG <input type="checkbox"/> k. BOX <input type="checkbox"/> l. CYLINDER										<input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> p. TANK WAGON										<input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> r. OTHER										223																													
STORAGE PRESSURE										<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT										224																																																																					
STORAGE TEMPERATURE										<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC										225																																																																					
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ADDITIONAL LOCALLY COLLECTED INFORMATION																																								246																																																	
<input type="checkbox"/> CHECK THIS BOX IF THIS HAZARDOUS MATERIAL IS A TOXIC GAS THAT HAS A THRESHOLD LIMIT CONCENTRATION (TLV) ≤ 10 ppm. THIS HAZARDOUS MATERIAL MUST BE INVENTORIED IN ANY QUANTITY.																																																																																									
<input type="checkbox"/> CHECK THIS BOX IF THIS HAZARDOUS MATERIAL IS SUBJECT TO RMP REQUIREMENTS AND/OR CalARP REQUIREMENTS																																																																																									

Hazardous Materials Inventory - Chemical Description

You must complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) that you handle at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also complete a page for each radioactive material handled over quantities for which an emergency plan is required to be adopted pursuant to 10 CFR Parts 30, 40, or 70. The completed inventory should reflect all reportable quantities of hazardous materials at your facility, reported **separately** for each building or outside adjacent area, with **separate** pages for unique occurrences of physical state, storage temperature and storage pressure. (Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Enter your 6 character Permit # from your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
200. ADD/DELETE/ REVISE - Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory.
201. CHEMICAL LOCATION - Do not complete this section. Your site map/plan identifies the location of where the hazardous material is stored. NOTE: This information is not subject to public disclosure pursuant to HSC 25506.
202. CHEMICAL LOCATION CONFIDENTIAL - EPCRA - All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential. If the business does not wish to keep chemical location information confidential check "No".
203. MAP NUMBER - Do not complete this section. This number is NOT USED. Your site map/plan identifies the location of where the hazardous material is stored.
204. GRID NUMBER - Do not complete this section. Grid coordinates are NOT USED. Your site map/plan identifies the location of where the hazardous material is stored.
205. CHEMICAL NAME - Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; complete the "COMMON NAME" field instead. For aqueous solutions containing one hazardous component, list the component and the percentage in the "CHEMICAL NAME" and leave the "HAZARDOUS COMPONENT" Section blank.
206. TRADE SECRET - Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not.
State requirement: If yes, and business is not subject to EPCRA, disclosure of the designated trade secret information is bound by HSC §25511.
Federal requirement: If yes, and business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to USEPA.
207. COMMON NAME - Enter the common name or trade name of the hazardous material or mixture containing a hazardous material. Each hazardous component of the mixture will be listed below in the "HAZARDOUS COMPONENT" Section.
208. EHS - Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
209. CAS # - Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section below. Use the CAS# format with hyphens and do not use leading zeros. Example: 12345-67-8.
210. FIRE CODE HAZARD CLASSES - This information is not required by San Diego County at this time.
211. HAZARDOUS MATERIAL TYPE - Check the one box that best describes the type of hazardous material: pure, mixture or waste. If waste material, check only that box. If mixture or waste, complete hazardous components section.
212. RADIOACTIVE - Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. CURIES - If the hazardous material is radioactive, use this area to report the activity in curies. You may use up to nine digits with a floating decimal point to report activity in curies.
214. PHYSICAL STATE - Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
215. LARGEST CONTAINER - Enter the total capacity of the largest container in which the material is stored. Use the units reported in #221. Enter only the numeric value of the units in this box.
216. FEDERAL HAZARD CATEGORIES - Check all categories that describe the physical and health hazards associated with the hazardous material.

PHYSICAL HAZARDS

Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers
Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive
Pressure Release: Explosives, Compressed Gases, Blasting Agents

HEALTH HAZARDS

Acute Health (Immediate): Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short term exposure
Chronic Health (Delayed): Carcinogens, other hazardous chemicals with an adverse effect with long-term exposure

217. AVERAGE DAILY AMOUNT - Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/ outside area. Calculations shall be based on the previous year's inventory of material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. OR: the amount can be calculated using the following examples: If you order four drums (220 gallons) of a hazardous material every month and use it within the month, your calculated average daily amount would be half the monthly order which is equal to two drums or 110 gallons. OR: If your hazardous material is stored in a process tank that is 500 gallons and the level never changes, then your average daily amount would be 500 gallons. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT - Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT - If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220. STATE WASTE CODE - If the hazardous material is a waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
221. UNITS - Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. DAYS ON SITE - List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER - Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
224. STORAGE PRESSURE - Check the one box that best describes the pressure at which the hazardous material is stored.
225. STORAGE TEMPERATURE - Check the one box that best describes the temperature at which the hazardous material is stored.
226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) - Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report for components 2 through 5 in 230, 234, 238, and 242.)
227. HAZARDOUS COMPONENTS 1-5 NAME - When reporting a hazardous material that is a mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. When reporting waste mixtures, mineral and chemical composition should be listed. (Report for components 2 through 5 in 231, 235, 239, and 243). For aqueous solutions containing one component, list the component and the percentage in the "CHEMICAL NAME" and leave the "HAZARDOUS COMPONENT" Section blank.
228. HAZARDOUS COMPONENTS 1-5 EHS - Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report for components 2 through 5 in 232, 236, 240, and 244.)
229. HAZARDOUS COMPONENTS 1-5 CAS - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for 2-5.)
246. LOCALLY COLLECTED INFORMATION - Check these boxes if you are subject to the requirements listed.

HAZARDOUS MATERIALS BUSINESS PLAN

I. SITE MAP INSTRUCTIONS

SITE MAP LAYOUT - Use 8-1/2 x 11 size **ONLY**. Use the Standardized Site Map Symbols & the Standardized Hazard Category Symbols and provide the following information on your site map.

1. Use 8-1/2 x 11-size paper only. For large facilities, consider using an overall layout on one page, followed by 8-1/2 x 11 pages showing individual buildings. (Exceptions to paper size must be approved by the HMD) MAPS ARE NOT REQUIRED TO BE DRAWN TO SCALE.
2. Site Map must be in ink or capable of making legible photocopies.
3. At the top of the Site Map, enter the business name; business site address; zip code; Thomas Brothers map coordinates; date; and Establishment Number (UPFP #)
4. All information (labels, symbols, writing, printing) placed on the site map must be legible and oriented in the same direction as the header. Use a straight-edge ruler or template.
5. Show structures in plan view from an overhead perspective. Show only the exterior walls of the structures. Indicate all exits and entrances to the structures. (Note: Diagramming of interior walls is not required.)
6. In the upper left corner, indicate the direction of North by drawing a line or arrow through the N.
7. For rural areas, include an inset vicinity map of the area.
8. Diagram the streets or roads that provide access to the facility. Include driveway entrances and the nearest cross street.
9. Label internal roads, parking lots, and loading docks.
10. Label adjacent property usages (e.g. school, park, industrial, residential, commercial, vacant, etc.).

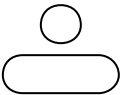
USE OF SITE MAP SYMBOLS - Include all applicable site map symbols on site map. Refer to standardized Site Map Symbol as provided in this packet.

1. Entrances/Exits: Use this symbol for all exterior doors of structures, including roll-up doors.
2. Fences: Use this symbol for fences (e.g. chain link, wood, etc), block walls, or any other barriers that act as a fence. (**Note: Include both external and internal fences**)
3. Safe Refuge Area (Evacuation Area, Staging Area): Use this symbol to indicate the location that has been designated as the assembly area where plant or business personnel will assemble in the event of an emergency evacuation.
4. Sewer Drain: Use this symbol to show all sewer drains, including floor drains to sewer, sewer sumps, etc. (Note: Do not include toilets and sinks).
5. Storm Drain or Culvert: Use this symbol to indicate the location of all storm drain inlets, culverts, drainage ditches, etc.
6. Fire Hydrants: Use this symbol to identify all fire hydrants in the vicinity of your facility.
7. F.D. Sprinkler System Connection: Use this symbol to identify the building/structure fire department sprinkler system connections. (Note: Usually located on the exterior of a building. Do not include landscape sprinkler connections).
8. F.D. Standpipe Outlet: Use this symbol to identify the fire department standpipe fire hose connection. (Note: These connections are typically found inside buildings and in stairwells).
9. Knox Box (F.D. Key Box): Use this symbol to indicate the location of the Knox Box.

10. Aboveground Storage Tank and Capacity: Use the following symbols as indicated and include the tank capacity within the symbol with the appropriate unit of measure as recorded on the hazardous materials inventory form.



Use this symbol for all plating and process tanks.



Use these symbols for all other aboveground storage tanks and choose the symbol which most appropriately represents the configuration of the aboveground storage tank.

11. Underground Storage Tank Capacity: Use this symbol for underground storage tanks and include the tank capacity within the symbol with the appropriate unit of measure as recorded on the hazardous materials inventory form.
12. Electric MAIN Shut Off: Use this symbol to indicate only the Electric MAIN Shut-off for the entire facility, structure, or building.
13. Gas MAIN Shut Off: Use this symbol to indicate only the natural Gas MAIN Shut-off for the entire facility, structure, or building.
14. Water MAIN Shut Off: Use this symbol to indicate only the Water MAIN Shut-off for the entire facility, structure, or building.
15. Annunciator Panel: Use this symbol to indicate the location of the Annunciator Panel within the facility. An annunciator is equipment which indicates the zone or area of a building from which an alarm has been initiated or the location of an alarm-initiating device and the operational condition of the alarm circuits of the system.
16. Stairwell - Range of Floors (i.e. 1 thru 3): Use this symbol to indicate stairwells in the interior of a structure or building. Indicate the floor the stairwells begin and end on. For Roof access use the abbreviation R. For basement access use the abbreviation B and include the number of basement floors:

B	3									5
---	---	--	--	--	--	--	--	--	--	---
17. Elevator - Range of Floors (i.e. 1 thru 5): Use this symbol to indicate the elevators in the interior of a structure or building. Indicate the floor the elevator begins and ends on. For Roof access use the abbreviation R and include the beginning floor level (i.e. 1

E

R). For basement access use the abbreviation B and include the number of basement floors (i.e. B3

E

5).

USE OF HAZARD CATEGORY SYMBOLS - Use these symbols to identify the location of hazardous materials stored in inventory quantities and hazardous wastes stored within your facility. (See Map Symbols Page 9).

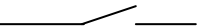
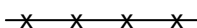

















1. Use your Material Safety Data Sheet or other available technical resources (i.e. 49 CFR 171.101) to determine the appropriate hazard class for each of your hazardous materials and hazardous wastes you handle on site.
2. Use the diamond symbol for hazardous materials.
3. Use the circle symbol for hazardous wastes.

HINTS FOR A BETTER SITE MAP:

















- When drawing streets/intersections, use rounded corners.
- When drawing buildings, use right angles.
- See checklist on page 16.

MAP SYMBOLS*

STANDARDIZED SITE MAP SYMBOLS

ENTRANCE/EXIT	
FENCE	
SAFE REFUGE (EVACUATION AREA, STAGING AREA)	
SEWER DRAIN	
STORM DRAIN OR CULVERT	
FIRE HYDRANT	
F.D. SPRINKLER SYSTEM CONNECTION	
F.D. STANDPIPE OUTLET	
KNOX BOX (F.D. KEY BOX)	
ABOVEGROUND STORAGE TANK & CAPACITY	
	OR  OR 
UNDERGROUND STORAGE TANK & CAPACITY	
ELECTRIC MAIN SHUT OFF	
GAS MAIN SHUT OFF	
WATER MAIN SHUT OFF	
ANNUNCIATOR PANEL	
STAIRWELL ~ RANGE OF FLOORS (i.e. 1 THRU 3)	
ELEVATOR ~ RANGE OF FLOORS (i.e. 1 THRU 5)	

HAZARDOUS MATERIALS STORAGE/USE AREA SYMBOLS

	MATERIALS	WASTES
IMMEDIATE (ACUTE) HEALTH HAZARD Includes highly toxic, toxic, irritant, sensitizers, corrosive		
DELAYED (CHRONIC) HEALTH Includes carcinogens and reproductive toxins		
FIRE HAZARD Includes flammable or combustible liquids, pyrophoric and oxidizers		
SUDDEN RELEASE OF PRESSURE Includes explosives and compressed gases		
REACTIVE Includes unstable reactive, organic peroxides, water reactive materials		
MEDICAL WASTE (Infectious).....		
RADIOACTIVES		
EXTREMELY HAZARDOUS Includes materials listed in Appendix A of Part 355 of Subchapter J of Chapter 1 of Title 40 of the Code of Federal Regulations (CFR)		

*NOTE: This above listed symbols must be used on the site map because the symbols have been standardized throughout San Diego County and are meaningful to the local fire departments and Public Health Officials that will be responding in case of an emergency.

THOMAS BROS COORDINATES 1262-F4

SITE MAP (Page 1 of 1) UFP# 012345

BUSINESS NAME Joe's Automotive Repair

DATE 2-15-2002

BUSINESS ADDRESS 1234 Somewhere Pl., Anywhere, CA

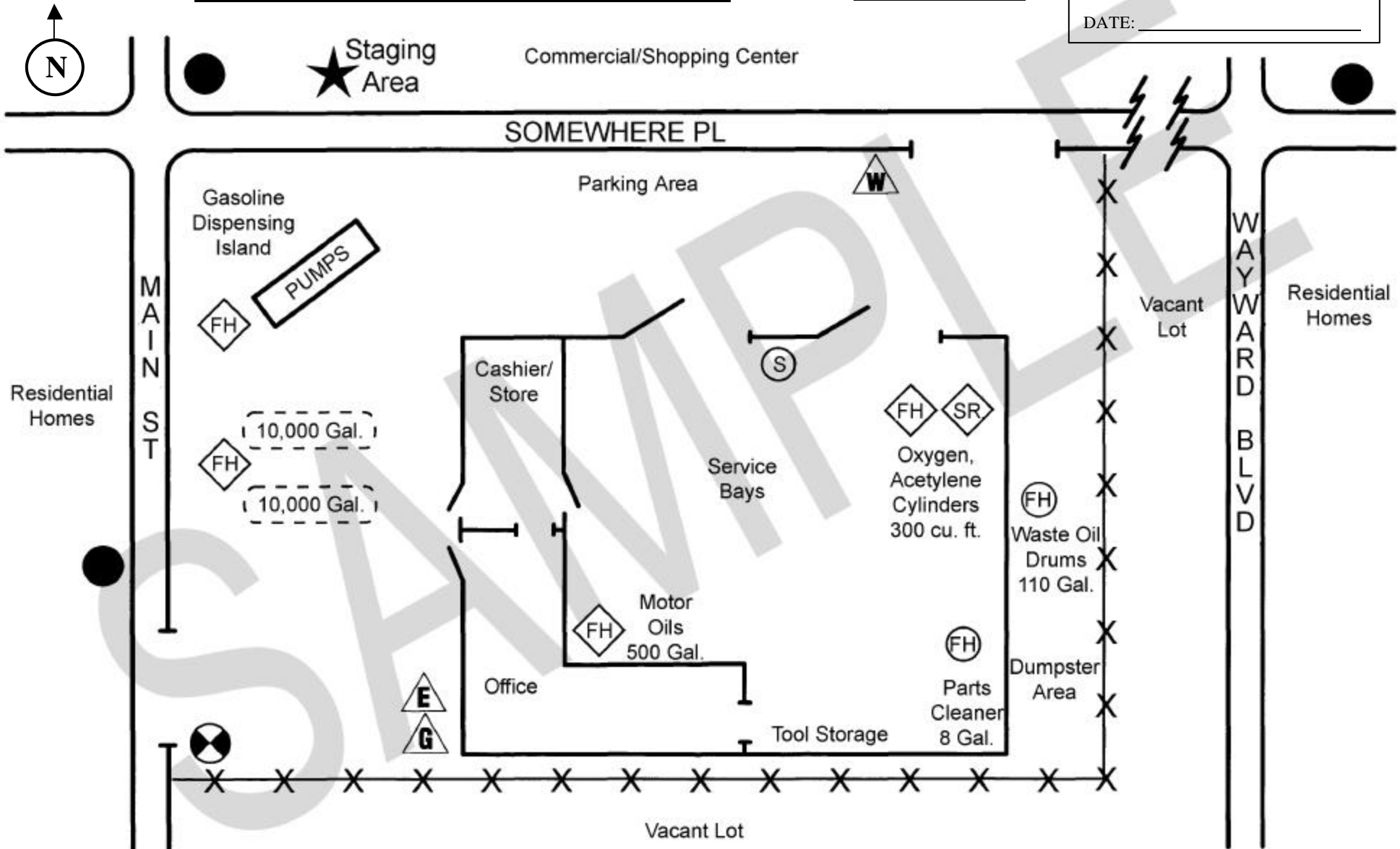
ZIP CODE 91904

OFFICE USE ONLY

REVIEWED BY: _____

DATE: _____

NOT FOR PUBLIC DISCLOSURE



HAZARDOUS MATERIALS BUSINESS PLAN

II. EMERGENCY RESPONSE PLAN

The Emergency Plan must include:

1. Procedures for mitigating a hazardous materials release.
2. Procedures and equipment for minimizing the potential damage of a hazardous materials release.
3. Provisions for immediate notification of the HMD, the Office of Emergency Services (OES), and other emergency response personnel as required (e.g. local fire department or paramedics).
4. Evacuation plans and procedures for notification of personnel at the business site.

Instructions for completing the Emergency Response Plan on page 23.

(Refer to Sample Emergency Response Plan)

At the top of the Emergency Response Plan enter the date. Spaces are provided for your Unified Program Facility Permit (UPFP) number, Standard Industrial Code (SIC), and Dunn & Bradstreet Number. Enter these numbers if known and applicable.

1. Enter business name.
2. Enter business site address.
3. Enter business telephone. Include a 24-hour number, if applicable.
4. Enter a brief description of product manufactured and/or business operations. For example, plating, storage, automotive repair, etc.
5. Outline procedures for immediate evacuation of the facility. Include the following:
 - a. Type of alarm signals (bells, horns, sirens, shouting, etc.) used to start an evacuation and what alarms are used to give the all-clear signal.
 - b. If your facility is large or has several buildings, describe any different alarms for specific parts of the facility.
 - c. Evacuation routes, emergency exits, and staging areas. Include alternate routes, exits, and staging areas. Clearly note them on your site map.
 - d. Indicate if periodic evacuation drills are practiced to help employees become better prepared for emergencies.
6. Enter the name of the person(s) responsible for completing emergency notifications.
7. Describe procedures for the mitigation of a release or threatened release to minimize any potential harm or damage to persons, property, or the environment. Include equipment and resources for use in emergency situations such as communications and containment equipment, automatic monitoring or fire control devices, onsite spill response teams or prearranged contracts with a spill response company. If procedures are different for spills/emergencies of different magnitude, outline the procedures to be followed in each situation, including the criteria for using a particular procedure. Indicate the personnel who will assist emergency response agencies onsite and any information that would assist the response agencies once onsite.

SAMPLE

Date: MONTH-DAY-YEAR

UPFP#: 123456

Dunn and Bradstreet #: NONE

HAZARDOUS MATERIALS BUSINESS PLAN

II. EMERGENCY RESPONSE PLAN

OFFICE USE ONLY

REVIEWED BY: _____

DATE: _____

1. Business Name: JOE'S AUTOMOTIVE REPAIR
2. Business Site Address: 1000 FIRST AVENUE, ANY CITY, CA 92000
3. Business Telephone: (619) 555-1212 24-Hour: (619) 555-1255
4. Brief description of product manufactured and/or service provided:

AUTO REPAIR

Evacuation Procedures: NOTIFY EMPLOYEES TO EVACUATE BY SHOUTING OR FIRE ALARM. EMPLOYEES WILL EXIT THROUGH NEAREST EXTERIOR DOOR AND MEET AT STAGING AREA LOCATED ACROSS FERN STREET IN FRONT OF GROCERY STORE. EMERGENCY COORDINATORS WILL BE AVAILABLE AT STAGING AREA TO ASSIST EMERGENCY RESPONDERS.

5. Notification Procedures: In the event of a release or threatened release of a hazardous material the following agencies are to be notified.

	Phone #
A. Local Emergency Response Agencies	911
B. Hazardous Materials Division	338-2222 (911 after working hours)
C. State Office of Emergency Services	(916) 427-4341
Toll-Free Number	(800) 852-7550

Name of person(s) responsible for completing notifications JOE JONES/JOHN SMITH

Describe notification procedures: AS LISTED ABOVE AND CLEANUP CONTRACTOR ABC ENVIRONMENTAL (619) 555-1734 IF NEEDED.

Emergency Procedures: MAIN CONCERNS: FIRE OR CHEMICAL SPILL.

FIRE: EMPLOYEES WILL NOTIFY LOCAL FIRE DEPARTMENT. IF SAFE, MECHANICS WILL SHUT OFF POWER AND ATTEMPT TO CONTROL FIRE USING FIRE EXTINGUISHERS.

SMALL SPILL: CHEMICALS WILL BE PICKED UP WITH ABSORBENT MATERIALS BY EMPLOYEES USING PROPER PROTECTIVE CLOTHING AND SAFETY EQUIPMENT. WASTE WILL BE PLACED IN A LABELED WASTE DRUM.

LARGE SPILL: EMPLOYERS WILL NOTIFY FIRE DEPARTMENT. TRAINED EMPLOYEES, USING PROPER SAFETY EQUIPMENT, WILL ATTEMPT TO PREVENT SPILL FROM ENTERING STORM DRAIN OR RUNNING OFF-SITE. IF SAFE, CLEAN-UP CONTRACTOR WILL BE CALLED TO REMOVE SPILL AS NECESSARY.

HAZARDOUS MATERIALS BUSINESS PLAN

III. EMPLOYEE TRAINING

The Employee Training program must take into consideration the type of work activity, and the level of responsibility of the employees subject to training. The training program should be reasonable and appropriate for the size of the business and the nature of the hazardous materials handled at this site. This training should include the following topics:

- 1) Methods for safe handling of hazardous materials.
- 2) Familiarity with the Emergency Response Plan and procedures.
- 3) Coordination with emergency response organizations.
- 4) The use of onsite emergency response equipment.

Instructions for completing the Employee Training Description on page 24.

(Refer to Sample Employee Training Description)

Complete all sections of the Employee Training Description. For each training topic complete the following training elements:

Persons Trained - List the job classifications or names of the persons that receive training in this topic.

Training Time - State the amount of time spent for this training. Indicate if different employees receive different amounts.

Refresher Frequency - State how often the training is repeated after the initial training.

Refresher Time - State the amount of time spent for the refresher training.

Training Content - Briefly describe the information covered in the training on this topic. If different information is covered for employees with different job duties, indicate this in your description.

Date: MONTH-DAY-YEAR

UPFP#: 123456

Dunn and Bradstreet #: NONE

SAMPLE

OFFICE USE ONLY

REVIEWED BY: _____

DATE: _____

HAZARDOUS MATERIALS BUSINESS PLAN

III. EMPLOYEE TRAINING DESCRIPTION

The following describes the employee training provided for all employees that handle hazardous substances.

1. Training Topic - Procedures for handling hazardous materials, including hazardous wastes:

Persons Trained: MECHANICS

Training Time: 4 HOURS Refresher Frequency: ANNUALLY Refresher Time: 1 HOUR

Training Content: PROPER PROCEDURES FOR HAZARDOUS WASTE STORAGE, HANDLING AND LABELING. REVIEW PROPER METHODS FOR ALL HAZARDOUS WASTE DISPOSAL AND RECORD KEEPING REQUIREMENTS. REVIEW MATERIAL SAFETY DATA SHEETS AND SAFETY PROCEDURES FOR MATERIALS HANDLING.

2. Training Topic - Procedures for coordination with emergency response agencies:

Persons Trained: EMERGENCY COORDINATOR, ALTERNATE AND OWNER

Training Time: 1 HOUR Refresher Frequency: ANNUALLY Refresher Time: 1 HOUR

Training Content: REVIEW OF EMERGENCY RESPONSE PLAN AND EMERGENCY NOTIFICATION PROCEDURES TO ENSURE COORDINATION WITH THE LOCAL FIRE DEPARTMENT, PARAMEDICS AND CLEAN-UP CONTRACTOR.

3. Training Topic - Use of emergency response equipment and materials under the business control:

Persons Trained: MECHANICS

Training Time: 4 HOURS Refresher Frequency: 6 MONTHS Refresher Time: 2 HOURS

Training Content: ANNUAL INSPECTION AND MAINTENANCE OF SAFETY EQUIPMENT (FIRE EXTINGUISHERS, EYE WASH STATIONS), AND REVIEW OF PROCEDURES FOR PROPER USE OF SAFETY AND SPILL CONTROL EQUIPMENT.

4. Training Topic - Emergency Response Plan implementation:

Persons Trained: ALL EMPLOYEES

Training Time: 2 HOURS Refresher Frequency: ANNUALLY Refresher Time: 1 HOUR

Training Content: REVIEW OF EMERGENCY RESPONSE PLAN, EVACUATION PROCEDURES, LOCATION OF EMERGENCY SHUT-OFF SWITCHES AND SPECIFIC RESPONSIBILITIES OF ALL EMPLOYEES. REMIND EMPLOYEES OF THE LOCATION OF THE EMERGENCY RESPONSE PLAN.

UPFP# _____

IV. GENERAL INFORMATION

Date: _____

EMERGENCY EQUIPMENT

INSTRUCTIONS: In the blank form provided, describe the safety, spill response, communication and structural containment equipment you have in place at your facility for use in emergency situations. If practical, report the equipment according to individual job, shop or work activity area within our facility. If applicable, include the elements listed in the legend.

Personnel Protective & Safety Equipment

Aprons
Gloves
Coats
Chemical Suits
Boots
Safety Glasses
Face Shield
Hard Hats

Cartridge Respirators
Self-Contained Breathing Apparatus (SCBA)
First Aid Kits
Exhaust Hoods
First Aid Stations
Chemical Antidotes

Emergency Response Equipment

Fire Extinguishers (Type A, B, C, D)
Fire Hoses
Eye Wash, Safety Showers
Chemical Monitoring Equipment (Type)
Chemical Alarms - Bells, etc.
Chemical Spill Equipment - Absorbents,
Neutralizers, Sand, Leak Repair Kits (Chlorine), Underground
Tank Leak Detection Monitors

Communications Equipment

Telephones
Intercoms
Portable Radio(s)
Verbal

Structural Equipment

Burns & Dikes
Tanks (Emergency)
Over Pack Drum(s)
Containment Vaults
Blind Sumps

LOCATION SHOP OR AREA	PERSONNEL PROTECTIVE & SAFETY EQUIPMENT	EMERGENCY RESPONSE SPILL EQUIPMENT	COMMUNICATIONS EQUIPMENT	STRUCTURAL EQUIPMENT	INSPECTION FREQUENCY

EXAMPLE

LOCATION SHOP OR AREA	PERSONNEL PROTECTIVE & SAFETY EQUIPMENT	EMERGENCY RESPONSE SPILL EQUIPMENT	COMMUNICATIONS EQUIPMENT	STRUCTURAL EQUIPMENT	INSPECTION FREQUENCY
PAINT SHOP	CARTRIDGE RESPIRATORS, SHOP COATS, GLOVES, EXHAUST HOOD	FIRE EXTINGUISHER SAND	TELEPHONE - VERBAL	NONE	MONTHLY (Safety Equipment)

IV. GENERAL INFORMATION
EMERGENCY NOTIFICATION PHONE ROSTER

EMERGENCY (TYPE)	ORGANIZATION	PHONE*	REPORTING REQUIREMENTS	REQUIRED NOTIFICATION PERIOD
Injury (any)	(Hospital) _____ (Nearest hospital capable of handling fire and/or chemical emergency) (Paramedics and/or Ambulance Service) _____	911* 911*	1. Name and telephone of reporter.	Immediately or within 24 hours.
Poisoning	Poison Control	(800) 876-4766*	2. Name and address of facility.	
Occupational Accident or Exposure (Notification)	OSHA (Occupational Safety & Health)	(619) 767-2280	3. Time and type of incident (fire, chemical, etc.).	
Fire/Explosion	(Fire) _____ (Name of your local Fire District) (Police/Sheriff) _____ (Name of Local Fire/Police Agency)	911* 911*	4. Name and quantity of material(s) included to the extent known.	Agencies may request a follow-up report in writing.
Hazardous Material Spill/Release Outside Facility	+(Fire) _____ +San Diego County Hazardous Materials Division (1) +California Office of Emergency Services +National Response Center (U.S. Coast Guard) (Notify only if required by California OES)	911* (619) 338-2222 (800) 852-7550* (800) 424-8802	5. The extent of injuries if any. 6. Possible hazards to human health or the environment, outside the facility.	Consult each agency for their reporting requirements.
In addition to above if spill reaches: Storm Drain/Creeks River/Bays Sanitary Sewer Gaseous Release into Atmosphere Underground Storage Tank Leak/Spill	San Diego Regional Water Quality Control Board (Sewer District) _____ (Name of Sewer District Serving your Facility) San Diego Air Pollution Control District (Fire) _____ (Emergency) San Diego County Hazardous Materials Division Toll-Free San Diego Regional Water Quality Control Board	(858) 467-2952 _____ (Phone) (858) 650-4550 (858) 650-4707 911* (619) 338-2222 (800) 253-9933 (858) 467-2952		
Spill Cleanup (Contractor)	<u>ADDITIONAL RESPONSE RESOURCES</u> (Company Name) _____ (Company of your choosing)	_____	Check with contractor for his requirements.	As soon as possible or
Water District	(Utility Name) _____	_____	1, 2, and 3 above.	As situation requires
Electrical/Gas - Utility	San Diego Gas & Electric (SDG&E)	(800) 611-7343*	1, 2, and 3 above	
Chemical - Emergency Information	Chemtrec Chlorep Pesticide Safety Team	(800) 424-9300 _____		

* Denotes 24-Hour Number + required notification if hazardous materials emergency extends outside of the facility or requires an evacuation of public areas.

(1) After business hours use 911 to contact the County Environmental Health Department in case of emergency only

HAZARDOUS MATERIALS BUSINESS PLAN REVIEW CHECKLIST

Before submitting your Hazardous Materials Business Plan, please verify that your submission contains all required information for your site.

I. SITE MAP:

A. Header Information

- | | | | |
|--------------------------------|--------------------------|-------------------------------|--------------------------|
| 1. Date | <input type="checkbox"/> | 3. Business Name | <input type="checkbox"/> |
| 2. Thomas Brothers Coordinates | <input type="checkbox"/> | 4. Address (Include Zip Code) | <input type="checkbox"/> |

B. Site Map Body

- | | | | |
|------------------------------------|--------------------------|---|--------------------------|
| 1. Entrances/Exits | <input type="checkbox"/> | 13. Knox Box (F.D. Key Box) | <input type="checkbox"/> |
| 2. Fences | <input type="checkbox"/> | 14. Aboveground Storage Tank and Capacity | <input type="checkbox"/> |
| 3. Evacuation/Staging Area | <input type="checkbox"/> | 15. Underground Storage Tank and Capacity | <input type="checkbox"/> |
| 4. Sewer Drain | <input type="checkbox"/> | 16. Electric MAIN Shutoff | <input type="checkbox"/> |
| 5. Storm Drain | <input type="checkbox"/> | 17. Gas MAIN Shutoff | <input type="checkbox"/> |
| 6. North Arrow (upper left corner) | <input type="checkbox"/> | 18. Water MAIN Shutoff | <input type="checkbox"/> |
| 7. Street Name (facility location) | <input type="checkbox"/> | 19. Annunciator Panel | <input type="checkbox"/> |
| 8. Closest Cross Street | <input type="checkbox"/> | 20. Stairwell – (range of floors) | <input type="checkbox"/> |
| 9. Map Page Number | <input type="checkbox"/> | 21. Elevator – (range of floors) | <input type="checkbox"/> |
| 10. Fire Hydrant | <input type="checkbox"/> | 22. Surrounding Land Use | <input type="checkbox"/> |
| 11. F.D. Sprinkler Connect | <input type="checkbox"/> | 23. Hazard Categories | <input type="checkbox"/> |
| 12. F.D. Standpipe Connect | <input type="checkbox"/> | | |

II. EMERGENCY RESPONSE PLAN:

- | | | | |
|----------------------|--------------------------|----------------------------|--------------------------|
| 1. Business Name | <input type="checkbox"/> | 4. Description of Business | <input type="checkbox"/> |
| 2. Site Address | <input type="checkbox"/> | 5. Evacuation Procedures | <input type="checkbox"/> |
| 3. a. Business Phone | <input type="checkbox"/> | 6. Notification Procedures | <input type="checkbox"/> |
| b. 24-Hour Phone | <input type="checkbox"/> | 7. Emergency Procedures | <input type="checkbox"/> |

III. INVENTORY

- | | | | |
|-------------------------------|--------------------------|----------------------|--------------------------|
| 1. Chemical Name/Product Name | <input type="checkbox"/> | 5. Units | <input type="checkbox"/> |
| 2. CAS Number (For Chemical) | <input type="checkbox"/> | 6. Storage | <input type="checkbox"/> |
| 3. Maximum Amount at One Time | <input type="checkbox"/> | 7. Hazard Categories | <input type="checkbox"/> |
| 4. Average Daily Amount | <input type="checkbox"/> | | |

IV. EMPLOYEE TRAINING

- | | | | |
|---|--------------------------|---|--------------------------|
| 1. Procedures for handling Hazardous Materials/Waste | <input type="checkbox"/> | 3. Use of Emergency Equipment | <input type="checkbox"/> |
| 2. Procedures for Coordination with Responding Agencies | <input type="checkbox"/> | 4. Emergency Response Plan Implementation | <input type="checkbox"/> |



SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377
1-800-253-9933

____/____/____
Date Submitted

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(One page per material per building or area)

☐ ADD

☐ DELETE

☐ REVISE

200

Page ____ of ____

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

3

CHEMICAL LOCATION

201

SEE SITE MAP/PLAN

CHEMICAL LOCATION CONFIDENTIAL
EPCRA ☐ YES ☐ NO

202

FACILITY ID #

3

7

0

0

0

MAP# (optional)

203

GRID# (optional)

204

NOT USED

NOT USED

I. CHEMICAL INFORMATION

CHEMICAL NAME

205

TRADE SECRET ☐ YES ☐ NO

206

If Subject to EPCRA, refer to instructions

COMMON NAME

207

EHS* ☐ YES ☐ NO

208

CAS#

209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

210

NOT REQUIRED BY SAN DIEGO COUNTY

HAZARDOUS MATERIAL
TYPE (Check one item only)

☐ a. PURE

☐ b. MIXTURE

☐ c. WASTE

211

RADIOACTIVE ☐ Yes ☐ No

CURIES

213

PHYSICAL STATE
(Check one item only)

☐ a. SOLID

☐ b. LIQUID

☐ c. GAS

214

LARGEST CONTAINER

215

FED HAZARD CATEGORIES
(Check all that apply)

☐ a. FIRE

☐ b. REACTIVE

☐ c. PRESSURE RELEASE

☐ d. ACUTE HEALTH

☐ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

MAXIMUM DAILY AMOUNT

218

ANNUAL WASTE AMOUNT

219

STATE WASTE CODE

220

UNITS*

☐ a. GALLONS

☐ b. CUBIC FEET

☐ c. POUNDS

☐ d. TONS

221

DAYS ON SITE:

222

(Check one item only) * If EHS, amount must be in pounds.

STORAGE
CONTAINER

☐ a. ABOVE GROUND TANK

☐ e. PLASTIC/NONMETALLIC DRUM

☐ i. FIBER DRUM

☐ m. GLASS BOTTLE

☐ q. RAIL CAR

☐ b. UNDERGROUND TANK

☐ f. CAN

☐ j. BAG

☐ n. PLASTIC BOTTLE

☐ r. OTHER

☐ c. TANK INSIDE BUILDING

☐ g. CARBOY

☐ k. BOX

☐ o. TOTE BIN

223

☐ d. STEEL DRUM

☐ h. SILO

☐ l. CYLINDER

☐ p. TANK WAGON

STORAGE PRESSURE

☐ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☐ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

☐ d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1

226

227

☐ Yes ☐ No

228

229

2

230

231

☐ Yes ☐ No

232

233

3

234

235

☐ Yes ☐ No

236

237

4

238

239

☐ Yes ☐ No

240

241

5

242

243

☐ Yes ☐ No

244

245

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

☐ **CHECK THIS BOX** IF THIS HAZARDOUS MATERIAL IS A TOXIC GAS THAT HAS A THRESHOLD LIMIT CONCENTRATION (TLV) ≤ 10 ppm.
THIS HAZARDOUS MATERIAL MUST BE INVENTORIED IN ANY QUANTITY.

☐ **CHECK THIS BOX** IF THIS HAZARDOUS MATERIAL IS SUBJECT TO RMP REQUIREMENTS AND/OR CalARP REQUIREMENTS

Hazardous Materials Inventory - Chemical Description

You must complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) that you handle at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also complete a page for each radioactive material handled over quantities for which an emergency plan is required to be adopted pursuant to 10 CFR Parts 30, 40, or 70. The completed inventory should reflect all reportable quantities of hazardous materials at your facility, reported **separately** for each building or outside adjacent area, with **separate** pages for unique occurrences of physical state, storage temperature and storage pressure. (Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Enter your 6 character Permit # from your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.
 3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
 200. ADD/DELETE/ REVISE - Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory.
 201. CHEMICAL LOCATION - Do not complete this section. Your site map/plan identifies the location of where the hazardous material is stored. NOTE: This information is not subject to public disclosure pursuant to HSC 25506.
 202. CHEMICAL LOCATION CONFIDENTIAL - EPCRA - All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential. If the business does not wish to keep chemical location information confidential check "No".
 203. MAP NUMBER - Do not complete this section. This number is NOT USED. Your site map/plan identifies the location of where the hazardous material is stored.
 204. GRID NUMBER - Do not complete this section. Grid coordinates are NOT USED. Your site map/plan identifies the location of where the hazardous material is stored.
 205. CHEMICAL NAME - Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; complete the "COMMON NAME" field instead. For aqueous solutions containing one hazardous component, list the component and the percentage in the "CHEMICAL NAME" and leave the "HAZARDOUS COMPONENT" Section blank.
 206. TRADE SECRET - Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not.
State requirement: If yes, and business is not subject to EPCRA, disclosure of the designated trade secret information is bound by HSC §25511.
Federal requirement: If yes, and business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to USEPA.
 207. COMMON NAME - Enter the common name or trade name of the hazardous material or mixture containing a hazardous material. Each hazardous component of the mixture will be listed below in the "HAZARDOUS COMPONENT" Section.
 208. EHS - Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
 209. CAS # - Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section below. Use the CAS# format with hyphens and do not use leading zeros. Example: 12345-67-8.
 210. FIRE CODE HAZARD CLASSES - This information is not required by San Diego County at this time.
 211. HAZARDOUS MATERIAL TYPE - Check the one box that best describes the type of hazardous material: pure, mixture or waste. If waste material, check only that box. If mixture or waste, complete hazardous components section.
 212. RADIOACTIVE - Check "Yes" if the hazardous material is radioactive or "No" if it is not.
 213. CURIES - If the hazardous material is radioactive, use this area to report the activity in curies. You may use up to nine digits with a floating decimal point to report activity in curies.
 214. PHYSICAL STATE - Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
 215. LARGEST CONTAINER - Enter the total capacity of the largest container in which the material is stored. Use the units reported in #221. Enter only the numeric value of the units in this box.
 216. FEDERAL HAZARD CATEGORIES - Check all categories that describe the physical and health hazards associated with the hazardous material.
- | | |
|--|---|
| <p>PHYSICAL HAZARDS
 <u>Fire:</u> Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers
 <u>Reactive:</u> Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive
 <u>Pressure Release:</u> Explosives, Compressed Gases, Blasting Agents</p> | <p>HEALTH HAZARDS
 <u>Acute Health (Immediate):</u> Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short term exposure
 <u>Chronic Health (Delayed):</u> Carcinogens, other hazardous chemicals with an adverse effect with long-term exposure</p> |
|--|---|
217. AVERAGE DAILY AMOUNT - Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/ outside area. Calculations shall be based on the previous year's inventory of material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. OR: the amount can be calculated using the following examples: If you order four drums (220 gallons) of a hazardous material every month and use it within the month, your calculated average daily amount would be half the monthly order which is equal to two drums or 110 gallons. OR: If your hazardous material is stored in a process tank that is 500 gallons and the level never changes, then your average daily amount would be 500 gallons. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
 218. MAXIMUM DAILY AMOUNT - Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
 219. ANNUAL WASTE AMOUNT - If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
 220. STATE WASTE CODE - If the hazardous material is a waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
 221. UNITS - Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
 222. DAYS ON SITE - List the total number of days during the year that the material is on site.
 223. STORAGE CONTAINER - Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
 224. STORAGE PRESSURE - Check the one box that best describes the pressure at which the hazardous material is stored.
 225. STORAGE TEMPERATURE - Check the one box that best describes the temperature at which the hazardous material is stored.
 226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) - Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report for components 2 through 5 in 230, 234, 238, and 242.)
 227. HAZARDOUS COMPONENTS 1-5 NAME - When reporting a hazardous material that is a mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. When reporting waste mixtures, mineral and chemical composition should be listed. (Report for components 2 through 5 in 231, 235, 239, and 243). For aqueous solutions containing one component, list the component and the percentage in the "CHEMICAL NAME" and leave the "HAZARDOUS COMPONENT" Section blank.
 228. HAZARDOUS COMPONENTS 1-5 EHS - Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report for components 2 through 5 in 232, 236, 240, and 244.)
 229. HAZARDOUS COMPONENTS 1-5 CAS - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for 2-5.)
 246. LOCALLY COLLECTED INFORMATION - Check these boxes if you are subject to the requirements listed.



SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377
1-800-253-9933

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page ____ of ____

I. IDENTIFICATION

FACILITY ID#	3	7	0	0	0						1	BEGINNING DATE	ENDING DATE		
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)													BUSINESS PHONE		
BUSINESS SITE ADDRESS													()		
CITY										104	CA	ZIP CODE			
DUN & BRADSTREET										106	SIC CODE (4 digit #)				
COUNTY															
BUSINESS OPERATOR NAME										109	BUSINESS OPERATOR PHONE				
										110	()				

II. BUSINESS OWNER

OWNER NAME	111	OWNER PHONE	112
		()	
OWNER MAILING ADDRESS			
CITY		114	STATE
		115	ZIP CODE
		116	116

III. ENVIRONMENTAL CONTACT

CONTACT NAME	117	CONTACT PHONE	118
		()	
CONTACT MAILING ADDRESS			
CITY		120	STATE
		121	ZIP CODE
		122	122

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	123	NAME	128
TITLE	124	TITLE	129
BUSINESS PHONE	125	BUSINESS PHONE	130
()		()	
24-HOUR PHONE	126	24-HOUR PHONE	131
()		()	
PAGER #	127	PAGER #	132
()		()	

ADDITIONAL LOCALLY COLLECTED INFORMATION:

E-MAIL: *	E-MAIL: *
-----------	-----------

***This information is optional and will remain confidential. Complete if you want to receive periodic program updates from HMD.**

ALWAYS SUBMIT A COPY OF THIS COMPLETED PAGE WITH SUBMITTAL OF ANY OTHER UNIFIED PROGRAM CONSOLIDATED FORM.

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
NAME OF SIGNER (print)	136	TITLE OF SIGNER		
	137			

Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials - Chemical Description pages (OES Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete this page must be signed by the appropriate individual.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

ALWAYS SUBMIT A COPY OF THIS COMPLETED PAGE WITH SUBMITTAL OF ANY OTHER UNIFIED PROGRAM CONSOLIDATED FORM.

1. FACILITY ID NUMBER - Enter your 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
100. BEGINNING DATE - Enter the beginning year and date (YYYYMMDD) of the inventory report, recyclable materials report, or on-site tiered permitting report for PBR sites.
101. ENDING DATE - Enter the ending year and date (YYYYMMDD) of the reports identified in #100.
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility. If the mailing address is different, complete #113- #116.
104. CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4-digit zip may also be added.
106. DUN & BRADSTREET - Enter the Dun & Bradstreet number for the facility. If you do not have one, leave this field blank.
107. SIC CODE - Enter the primary Standard Industrial Classification Code number for primary business activity. NOTE: If code is more than 4 digits, report only the first four.
108. COUNTY - Enter the county in which the business site is located.
109. BUSINESS OPERATOR NAME - Enter the name of the business operator which is the name used for mailing correspondence.
110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. OWNER NAME - Enter name of business owner, if different from business operator.
112. OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. OWNER MAILING ADDRESS - Enter the owner's mailing address where business related correspondence should be sent, if different from business site address.
114. OWNER CITY - Enter the name of the city for the owner's mailing address.
115. OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address.
116. OWNER ZIP CODE - Enter the zip code for the owner's address. The extra 4-digit zip may also be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, if different from the Business Owner or Operator, who will respond to enforcement activity.
118. CONTACT PHONE - Enter the phone number, if different from Owner or Operator, at which the environmental contact can be contacted.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent.
120. CITY - Enter the name of the city for the environmental contact's mailing address.
121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE - Enter the zip code for the environmental contact's mailing address. The extra 4-digit zip may also be added.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary emergency contact.
125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE - Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER - Enter the pager number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary emergency contact.
130. BUSINESS PHONE - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE - Enter a 24-hour phone number for the secondary emergency contact. The 24-hour phone number must be one that is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER - Enter the pager number for the secondary emergency contact, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION - This space may be used for CUPAs or AAs to collect any additional information necessary to meet the requirements of their individual programs. Contact your local agency for guidance.
134. DATE - Enter the date that the document was signed. (YYYYMMDD)
135. NAME OF DOCUMENT PREPARER - Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
- SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the Signer's belief that the submitted information is true, accurate and complete.
137. TITLE OF SIGNER - Enter the title of the person signing the page.

THOMAS BROS COORDINATES _____ SITE MAP (Page ____ of ____) UPFP# _____

BUSINESS NAME _____ DATE _____

BUSINESS ADDRESS _____ ZIP CODE _____

OFFICE USE ONLY
REVIEWED BY: _____
DATE: _____

NOT FOR PUBLIC DISCLOSURE



HAZARDOUS MATERIALS BUSINESS PLAN

OFFICE USE ONLY

Date _____

II. EMERGENCY RESPONSE PLAN

REVIEWED BY: _____

UPFP# _____

DATE: _____

Dunn and Bradstreet # _____

1. Business Name: _____

2. Business Site Address: _____

3. Business Telephone: (_____) _____ 24-Hour: (_____) _____

4. Brief description of product manufactured and/or service provided: _____

5. Evacuation Procedures: _____

6. Notification Procedures:

In the event of a release or threatened release of a hazardous material the following agencies are to be notified.

A. Local Emergency Response Agencies	<u>Phone #</u>
B. Hazardous Materials Division	911
C. State Office of Emergency Services	338-2222 (911 after working hours)
Toll-Free Number	(916) 845-8991
	(800) 852-7550

Name of person(s) responsible for completing notifications: _____

Describe notification procedures: _____

Emergency Procedures: _____

Date _____

UPFP # _____

HAZARDOUS MATERIALS BUSINESS PLAN

III. EMPLOYEE TRAINING DESCRIPTION

OFFICE USE ONLY

REVIEWED BY: _____

DATE: _____

The following describes the employee training provided for all employees that handle hazardous substances.

1. Training Topic - Procedures for handling hazardous materials, including hazardous wastes:

Persons Trained: _____

Training Time: _____ Refresher Frequency: _____ Refresher Time: _____

Training Content: _____

2. Training Topic - Procedures for coordination with emergency response agencies:

Persons Trained: _____

Training Time: _____ Refresher Frequency: _____ Refresher Time: _____

Training Content: _____

3. Training Topic - Use of emergency response equipment and materials under the business control:

Persons Trained: _____

Training Time: _____ Refresher Frequency: _____ Refresher Time: _____

Training Content: _____

4. Training Topic - Emergency Response Plan Implementation:

Persons Trained: _____

Training Time: _____ Refresher Frequency: _____ Refresher Time: _____

Training Content: _____
